

**Job Placement Services**

**Work Experience Development**

Unit of Service: 1 (Flat Rate)

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| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

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| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter Vendor Name |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

|  |  |
| --- | --- |
| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

 [ ]  Paid Experience [ ]  Unpaid Experience

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| **Work Experience Development Details****This is a Final Report Submitted for Payment** |
| **Customer’s Employment Goal:** |  Click to enter IPE Employment Goal |
| **Employer-Based Work Experience Business Name & Address:** | Click here to enter Business Name and Address |
| **Work Experience Start Date:** | Click here to enter a date. |
| **Anticipated Completion Date of****Work Experience:** | Click here to enter a date. |
| **Date of Last Contact if Customer Dropped Out of Service:** | Click to enter a date (if applicable). |
| **Work Experience Schedule:** | Click to enter Work Schedule (Days & Hours) |
| Please describe the Work Experience in Detail (Include Title and Job Tasks):Click here to provide a detailed description of the work experience placement, how it supports skill development and the customer’s future employment  |

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| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |